



## Town of Addison Police Department Application for Employment

Application for the position of:	Date:
----------------------------------	-------

### Personal Information

Last Name			First Name			Middle Name			Social Security Number			
Alias(es), Nickname(s), Maiden Name, Other Name Changes									Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth			Place of Birth (City, County, State)									
Present Resident Address/Name of Apt. Complex/Street Address or RFD/City or Post Office/State and Zip Code												
Home Telephone			Business Telephone			Cell Telephone			Email Address			
Height		Weight		Color of Eyes			Color of Hair		Scars, Tattoos, Distinguishing Marks			
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Native Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalized Citizen No.			Derived, Parent's Certificate No.			Date, Place and Court		
Are you legally authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No												

### Marriage Information

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Name of Current Spouse		Telephone		Residence Address, City, State, Zip Code	
Spouse's Date of Birth		Spouse's Place of Birth		Date and Location of Marriage	
Spouse's Employer/Occupation					

### Information Concerning Previous Marriages

Date	Location	Former Spouse's Full Maiden Name	Former Spouse's Date and Place of Birth

# Town of Addison Police Department

## Application for Employment

### Information Concerning Previous Marriages (Continued)

Current Name of Former Spouse	Present Address of Former Spouse	Telephone

### Separation, Annulment or Divorce

Separated, Divorced or Annulled	Date of order or decree	By whom	Where issued Court and State	Reason

### Military Service

Have you ever registered with the Selective Service System? ☐ Yes ☐ No

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No If Yes, attach a copy of Form DD-214 for each enlistment and identify your branch of service (s):

☐ Air Force ☐ Army ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐ Merchant Marine ☐ National Guard

Last Permanent Duty Station

Highest Rank Held

Military Occupational Specialty (MOS)

Type of Discharge

# Town of Addison Police Department Application for Employment

## Military Service (Continued)

Military Disciplinary Actions		
Did you ever receive any of the following, regardless of the final disposition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Article 15	<input type="checkbox"/> Captain's Masts	<input type="checkbox"/> Letter of Reprimand /Page 11/ Written Reprimand
<input type="checkbox"/> Court-Martial	<input type="checkbox"/> Company Punishment	<input type="checkbox"/> Reduction in Rank, or Any Other Disciplinary Action
Give complete details, including date, charge, circumstance and disposition.		

Are you currently a member of a United States Reserve, National or State guard organization?   ☐ Yes   ☐ No

Branch of Service: \_\_\_\_\_ Unit / Location \_\_\_\_\_.

Contact Person: \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_.

Indicate your current status:   ☐ Active   ☐ Inactive   ☐ Stand-by

## Education

List all elementary, junior high(s) and high school(s) attended. Attach transcripts from last high school attended.

Name of School	Location	Dates Attended	Years Completed	Graduated

# Town of Addison Police Department

## Application for Employment

### Higher Education

List all colleges or universities attended. (Attach certified transcripts from last institution of higher education attended.)  
Indicate the highest degree you have earned:

**Title of Degree and Area of Study** \_\_\_\_\_

☐ Associate's
 ☐ Bachelor's
 ☐ Master's
 ☐ Doctorate

Name of School	Location	Dates Attended	Credit Hours	Degree Received	Year
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Major and Minor Courses


### Trade or Vocational Training

Other schools or training (trade, vocational, business or military). Give the name and location of each school and the dates attended, subjects studied, certification received and any other pertinent information.


# Town of Addison Police Department

## Application for Employment

### Language Other than English

Language	Reading	Speaking	Understanding	Writing
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

### Special Qualifications and Skills

List any other certifications, special skills, awards or honors.


### Computer Skills

Typing Speed: \_\_\_\_\_ words per minute

List any computer software programs you are proficient in:


# Town of Addison Police Department

## Application for Employment

### Employment History

Please begin with your most recent employer, include all previous employment including part-time, temporary or seasonal employment, all periods of unemployment including periods of education. If you held more than one position for the same employer, list all positions separately.

Month/Year 1.                      to	Name of Current Employer	Job Title		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year 2.                      to	Name of Prior Employer	Job Title		
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year 3.                      to	Name of Prior Employer	Job Title		
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

# Town of Addison Police Department

## Application for Employment

### Employment History (Continued)

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>4.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>5.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>6.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

# Town of Addison Police Department

## Application for Employment

### Employment History (Continued)

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>7.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (    )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>8.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (    )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year    Month/Year	Name of Prior Employer		Job Title	
<b>9.</b> to				
Employer's Street Address	City	State	Zip	Telephone Number (    )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				



# Town of Addison Police Department

## Application for Employment

### Employment History (Continued)

Month/Year 10.                      to	Name of Prior Employer		Job Title	
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year 11.                      to	Name of Prior Employer		Job Title	
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

Month/Year 12.                      to	Name of Prior Employer		Job Title	
Employer's Street Address	City	State	Zip	Telephone Number (     )
Starting/Current Salary	Description of Job Duties	Name of Supervisor		Name of Co-Worker
Nature of Separation	<input type="checkbox"/> Resigned, with notice <input type="checkbox"/> Quit, without notice <input type="checkbox"/> Fired/Terminated <input type="checkbox"/> Other Termination <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Temporary/ Seasonal Job Ended			
Reason of Separation				

# Town of Addison Police Department

## Application for Employment

### Other Information

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? ☐ Yes ☐ No (If yes, explain circumstances.)


Have you ever resigned (quit) after being informed your employer intended to discharge (terminate) you for any reason? ☐ Yes ☐ No (If yes, explain circumstances, provide the name and address of employer and the approximate date and reasons in each case.)


# Town of Addison Police Department

## Application for Employment

### Residences

Please list all residences for the past ten years, beginning with your present address.  
(Include duty stations in the U.S. Armed Forces and/or dormitories in college.)

Dates (month/year) From To	Street Address	City	State	Zip Code

### Health Record

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

Have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin), amphetamines, depressants (barbiturates or tranquilizers), hallucinogenic (LSD, PCP) or prescription drugs? ☐ Yes ☐ No

Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen or marijuana for your own intended profit or that of another? ☐ Yes ☐ No

Have you ever used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while in a position directly and immediately affecting the public safety? ☐ Yes ☐ No

# Town of Addison Police Department

## Application for Employment

### Health Record (Continued)

If you answered "Yes" provide the dates(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Dates	Controlled Substance, Narcotic, Prescription Drug	Number of Times Used

### Criminal History / Driving Record

- Have you ever been arrested or detained by a law enforcement agency? ☐ Yes ☐ No
- Have you ever been fingerprinted for any reason (arrest, job application)? ☐ Yes ☐ No
- Have you ever been involved in any court action (Civil or Criminal)? ☐ Yes ☐ No
- Have you ever been denied issuance of a driver's license? ☐ Yes ☐ No
- Have you ever had a license suspended or revoked? ☐ Yes ☐ No

If the answer to any of the above questions is yes, list the date, place and full details of the incident.

Date	Location	Details

# Town of Addison Police Department

## Application for Employment

### Criminal History / Driving Record (Continued)

#### Vehicle Operator's License

Please give the following information concerning any vehicle operator's license you have held or hold now.

Type of License	State	License Number	Date of Expiration	Restrictions

#### Liability Insurance Provider

Name of Company	Address	Policy Coverage

#### Traffic and Accident History (List all traffic violations, warnings and accidents in this and any other state.)

Date	Location	Agency	Charge	Disposition

# Town of Addison Police Department

## Application for Employment

### Relatives

Please note: If relative is deceased give all information requested and indicate last residence and year of death.

Father	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
		Home:		
		Business:		

Mother	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
		Home:		
		Business:		

Step Parent	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Mother		Home:		
		Business:		

Step Parent	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Mother		Home:		
		Business:		

Sibling	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:		
		Business:		

Sibling	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:		
		Business:		

Sibling	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:		
		Business:		

Sibling	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:		
		Business:		

Parent-in-law	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Mother		Home:		
		Business:		

# Town of Addison Police Department Application for Employment

## Relatives (Continued)

Parent-in-law	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Father <input type="checkbox"/> Mother		Home:  Business:		

Sibling-in-law	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:  Business:		

Sibling-in-law	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:  Business:		

Sibling-in-law	Date of Birth	Telephone	Address (Include city, state and zip)	Employer/Occupation
<input type="checkbox"/> Brother <input type="checkbox"/> Sister		Home:  Business:		

## References

Please list five character references, not including employers or relatives. A minimum of three of these references must have been acquainted with you for more than 5 years. Include both home and business addresses.

Name	Years Known	Home Phone	Home Address
Years Known	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Years Known	Occupation	Business Phone	Business Address

# Town of Addison Police Department Application for Employment

## References (Continued)

Name	Years Known	Home Phone	Home Address
Years Known	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Years Known	Occupation	Business Phone	Business Address

Name	Years Known	Home Phone	Home Address
Years Known	Occupation	Business Phone	Business Address

## Peace Officer Licensing Information

Are you a certified Texas peace officer? ☐ Yes ☐ No

What level of certification have you attained?

☐ Basic ☐ Intermediate

☐ Advanced ☐ Master

Are you certified in another state? ☐ Yes ☐ No \_\_\_\_\_

## Other Information

Do you or your spouse have a relative employed by the Town of Addison? ☐ Yes ☐ No

If yes: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_



# Town of Addison Police Department

## Application for Employment

### Other Information (Continued)

Are there any additional comments you would like to make concerning your background or qualifications in relation to the law enforcement profession?


### Pending or Prior Applications

Other than current or previous employers listed, list all city, county, state, or federal agencies with which you have applied for employment. Attach additional page if needed.

Agency and Position	Date Applied	Disposition	Reason
1.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
2.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
3.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
4.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
5.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
6.			Declined by Agency Withdrew Application Application Still Pending

# Town of Addison Police Department

## Application for Employment

### Pending or Prior Applications (Continued)

Agency and Position	Date Applied	Disposition	Reason
7.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
8.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
9.			Declined by Agency Withdrew Application Application Still Pending

Agency and Position	Date Applied	Disposition	Reason
10.			Declined by Agency Withdrew Application Application Still Pending

### Essay

Prepare a narrative comment on the reasons why you are interested in becoming an Addison police officer.


# Town of Addison Police Department

## Application for Employment

### Certification

I certify that all information provided by me in connection with my application, whether on these documents or not, is true, complete, and correct to the best of my knowledge, and is made by me in good faith. I understand that any misstatement or omission whether listed on these forms or not, may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal. I authorize investigation of my work history, education, criminal history, driving records, and contact with those references I have listed or previous employers. The Town of Addison, in accordance with Texas state law, is an At-Will Employer, which means that I, or the Town, may terminate my employment at any time, for any reason consistent with state and federal law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

PHOTOGRAPH

The following documents must be attached if applicable:

1. Military Form DD214
2. High School Transcripts
3. Certified College Transcripts

Print your name on the back of a front view photograph taken during the last 90 days and attach securely.

FOR POLICE DEPARTMENT USE ONLY




Post Office Box 9010

Addison, Texas 75001-9010

(972) 450-7122

## CONSUMER REPORT AUTHORIZATION/RELEASE FORM

I hereby authorize the Town of Addison and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Town of Addison or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Town of Addison, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name:

First

Middle

Last

Maiden

Former Name(s) and Dates Used:

Current Address Since:

Mo/Yr

Street

City

State/Zip

Previous Address From:

Mo/Yr

Street

City

State/Zip

Previous Address From:

Mo/Yr

Street

City

State/Zip

Soc. Sec. Number:

Date of Birth:

(for ID purposes only)

Drivers License Number/State:

Telephone Number:

Signature:

Date:

Sworn and subscribed before me, a Notary Public, in the County of \_\_\_\_\_ and for the State of Texas on this, \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Printed Name:

Commission Expiration:

Signature:

NOTARY SEAL